



Please visit our website at [www.adr.org](http://www.adr.org) if you would like to file this case online. AAA Customer Service can be reached at 800-778-7879.

**Mediation:** If you would like the AAA to contact the other parties and attempt to arrange mediation, please check this box ☐ .  
There is no additional administrative fee for this service.

**Parties (Claimant)**

Name of Claimant: Ms. Jasmine Durden			Representative's Name (if known): Harlan Miller, III		
Address: <b>Contact through counsel only</b>			Firm (if applicable): Miller Legal, P.C.		
			Representative's Address: 3646 Vineville Ave		
City:	State:	Zip Code:	City: Macon	State: GA	Zip Code: 31204
Phone No.: 404-931-6490	Fax No.:		Phone No.: 404-931-6490	Fax No.: 404-393-0424	
Email Address: hmiller@millerlegalpc.com			Email Address: hmiller@millerlegalpc.com		

**Parties (Respondent)**

Name of Respondent: Pony Tail, Inc d/b/a Onyx			Representative's Name (if known): Mr. Dean R. Fuchs		
Address: <b>contact through counsel</b>			Firm (if applicable): SCHULTEN, WARD & TURNER, LLP		
			Representative's Address: 260 Peachtree Street, NW, Suite 2700		
City: Atlanta	State: GA	Zip Code: 30339	City: Atlanta	State: GA	Zip Code: 30303
Phone No.:	Fax No.:		Phone No.: (404) 688-6800	Fax No.: (404) 688-6840	
Email Address:			Email Address:		

Claim: What was/is the employee's annual wage range? ☒ Less than \$100,000 ☐ \$100,000-\$250,000 ☐ Over \$250,000  
Note: This question is required by California law.

Amount of Claim: an amount no less than \$15,000 to be determined  
Claim involves: ☒ Statutorily Protected Rights ☐ Non-Statutorily Protected Rights

In detail, please describe the nature of each claim. You may attach additional pages if necessary:

**SEE ATTACHMENT**

Other Relief Sought: ☒ Attorneys Fees ☒ Interest ☒ Arbitration Costs ☐ Punitive/ Exemplary ☐ Other

Neutral: Please describe the qualifications for arbitrator(s) to hear this dispute:

**Georgia attorney with experience hearing FLSA exotic dancer minimum wage claims**

Hearing: Estimated time needed for hearings overall: \_\_\_\_\_ hours or 2 days \_\_\_\_\_ days

Hearing Locale: Atlanta, Georgia ☒ Requested by Claimant ☐ Locale provision included in the contract

Filing Fee: ☒ Employer-Promulgated Plan fee requirement or \$200 (max amount per AAA rules )  
☐ Standard Fee Schedule for Individually-Negotiated Contracts ☐ Flexible Fee Schedule for Individually-Negotiated Contracts

Amount Tendered: Zero - Arbitration Agreement states Employer pays administrative costs

Notice: To begin proceedings, please send a copy of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to: American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043. Send the original Demand to the Respondent.

Signature (may be signed by a representative):  
/s/ Harlan S. Miller, III

Date: 5/11/16

Pursuant to Section 1284.3 of the California Code of Civil Procedure, consumers with a gross monthly income of less than 300% of the federal minimum wage are entitled to a waiver of arbitration fees and costs, exclusive of arbitrator fees. This law applies to all consumer agreements subject to the Federal Arbitration Act and to all consumer arbitrations conducted in California. Only those disputes arising out of employer promulgated plans are included in the law. If you are a consumer and you wish to opt out of the arbitration agreement, you must submit to the AAA a declaration under oath regarding your monthly income and the nature of the dispute. Please contact the AAA's Western Case Management Center at 1-877-528-0879. If you have any questions regarding the waiver of administrative costs, please contact the AAA's Customer Service at 800-778-7879. Services can be reached at 877-495-4185.





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**Mediation:** If you would like the AAA to contact the other parties and attempt to arrange mediation, please check this box ☐ .  
There is no additional administrative fee for this service.

**Parties (Claimant)**

Name of Claimant: Ms. Jachara Lawton			Representative's Name (if known): Harlan Miller, III		
Address: <b>Contact through counsel only</b>			Firm (if applicable): Miller Legal, P.C.		
			Representative's Address: 3646 Vineville Ave		
City:	State:	Zip Code:	City: Macon	State: GA	Zip Code: 31204
Phone No.: 404-931-6490	Fax No.:		Phone No.: 404-931-6490	Fax No.: 404-393-0424	
Email Address: hmiller@millerlegalpc.com			Email Address: hmiller@millerlegalpc.com		

**Parties (Respondent)**

Name of Respondent: Pony Tail, Inc d/b/a Onyx & Terri Gilardi			Representative's Name (if known): Mr. Dean R. Fuchs		
Address: <b>contact through counsel</b>			Firm (if applicable): SCHULTEN, WARD & TURNER, LLP		
			Representative's Address: 260 Peachtree Street, NW, Suite 2700		
City: Atlanta	State: GA	Zip Code: 30339	City: Atlanta	State: GA	Zip Code: 30303
Phone No.:	Fax No.:		Phone No.: (404) 688-6800	Fax No.: (404) 688-6840	
Email Address:			Email Address:		

Claim: What was/is the employee's annual wage range? ☒ Less than \$100,000 ☐ \$100,000-\$250,000 ☐ Over \$250,000  
Note: This question is required by California law.

Amount of Claim: an amount no less than \$15,000 to be determined  
Claim involves: ☒ Statutorily Protected Rights ☐ Non-Statutorily Protected Rights

In detail, please describe the nature of each claim. You may attach additional pages if necessary:

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Other Relief Sought: ☒ Attorneys Fees ☒ Interest ☒ Arbitration Costs ☐ Punitive/ Exemplary ☐ Other

Neutral: Please describe the qualifications for arbitrator(s) to hear this dispute:

**Georgia attorney with experience hearing FLSA exotic dancer minimum wage claims**

Hearing: Estimated time needed for hearings overall: \_\_\_\_\_ hours or 2 days \_\_\_\_\_ days

Hearing Locale: Atlanta, Georgia ☒ Requested by Claimant ☐ Locale provision included in the contract

Filing Fee: ☒ Employer-Promulgated Plan fee requirement or \$200 (max amount per AAA rules )  
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Amount Tendered: Zero - Arbitration Agreement states Employer pays administrative costs

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Signature (may be signed by a representative):  
/s/ Harlan S. Miller, III  
Date: 7/8/16

Pursuant to Section 1284.3 of the California Code of Civil Procedure, consumers with a gross monthly income of less than 300% of the federal poverty guidelines are entitled to a waiver of arbitration fees and costs, exclusive of arbitrator fees. This law applies to all consumer agreements subject to the California Arbitration Act, and to all consumer arbitrations conducted in California. Only those disputes arising out of employer promulgated plans are included in the consumer definition. If you believe that you meet these requirements, you must submit to the AAA a declaration under oath regarding your monthly income and the number of persons in your household. Please contact the AAA's Western Case Management Center at 1-877-528-0879. If you have any questions regarding the waiver of administrative fees, AAA Case Filing Services can be reached at 877-495-4185.



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**Parties (Claimant)**

Name of Claimant: Ms. Stephanie Kuykendall			Representative's Name (if known): Harlan Miller, III		
Address: <b>Contact through counsel only</b>			Firm (if applicable): Miller Legal, P.C.		
			Representative's Address: 3646 Vineville Ave		
City:	State:	Zip Code:	City: Macon	State: GA	Zip Code: 31204
Phone No.: 404-931-6490	Fax No.:		Phone No.: 404-931-6490	Fax No.: 404-393-0424	
Email Address: hmiller@millerlegalpc.com			Email Address: hmiller@millerlegalpc.com		

**Parties (Respondent)**

Name of Respondent: Trop, Inc d/b/a Pink Pony & Terri Gilardi			Representative's Name (if known): Mr. Dean R. Fuchs		
Address: <b>contact through counsel</b>			Firm (if applicable): SCHULTEN, WARD & TURNER, LLP		
			Representative's Address: 260 Peachtree Street, NW, Suite 2700		
City: Atlanta	State: GA	Zip Code: 30339	City: Atlanta	State: GA	Zip Code: 30303
Phone No.:	Fax No.:		Phone No.: (404) 688-6800	Fax No.: (404) 688-6840	
Email Address:			Email Address:		

Claim: What was/is the employee's annual wage range? ☒ Less than \$100,000 ☐ \$100,000-\$250,000 ☐ Over \$250,000  
Note: This question is required by California law.

Amount of Claim: an amount no less than \$10,000 to be determined  
Claim involves: ☒ Statutorily Protected Rights ☐ Non-Statutorily Protected Rights

In detail, please describe the nature of each claim. You may attach additional pages if necessary:

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Other Relief Sought: ☒ Attorneys Fees ☒ Interest ☒ Arbitration Costs ☐ Punitive/ Exemplary ☐ Other

Neutral: Please describe the qualifications for arbitrator(s) to hear this dispute:

**Georgia attorney with experience hearing FLSA exotic dancer minimum wage claims**

Hearing: Estimated time needed for hearings overall: \_\_\_\_\_ hours or 2 days \_\_\_\_\_ days

Hearing Locale: Atlanta, Georgia ☒ Requested by Claimant ☐ Locale provision included in the contract

Filing Fee: ☒ Employer-Promulgated Plan fee requirement or \$200 (max amount per AAA rules )  
☐ Standard Fee Schedule for Individually-Negotiated Contracts ☐ Flexible Fee Schedule for Individually-Negotiated Contracts

Amount Tendered: Zero - Arbitration Agreement states Employer pays administrative costs

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Signature (may be signed by a representative):

/s/ Harlan S. Miller, III

Date: 6/13/16

Pursuant to Section 1284.3 of the California Code of Civil Procedure, consumers with a gross monthly income of less than 300% of the federal poverty guidelines are entitled to a waiver of arbitration fees and costs, exclusive of arbitrator fees. This law applies to all consumer agreements subject to the California Arbitration Act, and to all consumer arbitrations conducted in California. Only those disputes arising out of employer promulgated plans are included in the consumer definition. If you believe that you meet these requirements, you must submit to the AAA a declaration under oath regarding your monthly income and the number of persons in your household. Please contact the AAA's Western Case Management Center at 1-877-528-0879. If you have any questions regarding the waiver of administrative fees, AAA Case Filing Services can be reached at 877-495-4185.



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**Parties (Claimant)**

Name of Claimant: Ms. Hailey Lytle			Representative's Name (if known): Harlan Miller, III		
Address: <b>Contact through counsel only</b>			Firm (if applicable): Miller Legal, P.C.		
			Representative's Address: 3646 Vineville Ave		
City:	State:	Zip Code:	City: Macon	State: GA	Zip Code: 31204
Phone No.: 404-931-6490	Fax No.:		Phone No.: 404-931-6490	Fax No.: 404-393-0424	
Email Address: hmiller@millerlegalpc.com			Email Address: hmiller@millerlegalpc.com		

**Parties (Respondent)**

Name of Respondent: Trop, Inc d/b/a Pink Pony & Terri Gilardi			Representative's Name (if known): Mr. Dean R. Fuchs		
Address: <b>contact through counsel</b>			Firm (if applicable): SCHULTEN, WARD & TURNER, LLP		
			Representative's Address: 260 Peachtree Street, NW, Suite 2700		
City: Atlanta	State: GA	Zip Code: 30339	City: Atlanta	State: GA	Zip Code: 30303
Phone No.:	Fax No.:		Phone No.: (404) 688-6800	Fax No.: (404) 688-6840	
Email Address:			Email Address:		

Claim: What was/is the employee's annual wage range? ☒ Less than \$100,000 ☐ \$100,000-\$250,000 ☐ Over \$250,000  
Note: This question is required by California law.

Amount of Claim: an amount no less than \$10,000 to be determined  
Claim involves: ☒ Statutorily Protected Rights ☐ Non-Statutorily Protected Rights

In detail, please describe the nature of each claim. You may attach additional pages if necessary:

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Other Relief Sought: ☒ Attorneys Fees ☒ Interest ☒ Arbitration Costs ☐ Punitive/ Exemplary ☐ Other

Neutral: Please describe the qualifications for arbitrator(s) to hear this dispute:

**Georgia attorney with experience hearing FLSA exotic dancer minimum wage claims**

Hearing: Estimated time needed for hearings overall: \_\_\_\_\_ hours or 2 days \_\_\_\_\_ days

Hearing Locale: Atlanta, Georgia ☒ Requested by Claimant ☐ Locale provision included in the contract

Filing Fee: ☒ Employer-Promulgated Plan fee requirement or \$200 (max amount per AAA rules )  
☐ Standard Fee Schedule for Individually-Negotiated Contracts ☐ Flexible Fee Schedule for Individually-Negotiated Contracts

Amount Tendered: Zero - Arbitration Agreement states Employer pays administrative costs

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Signature (may be signed by a representative):

/s/ Harlan S. Miller, III

Date: 5/13/16

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**Parties (Claimant)**

Name of Claimant: Ms. Rowan McCoy			Representative's Name (if known): Harlan Miller, III		
Address: <b>Contact through counsel only</b>			Firm (if applicable): Miller Legal, P.C.		
			Representative's Address: 3646 Vineville Ave		
City:	State:	Zip Code:	City: Macon	State: GA	Zip Code: 31204
Phone No.: 404-931-6490	Fax No.:		Phone No.: 404-931-6490	Fax No.: 404-393-0424	
Email Address: hmiller@millerlegalpc.com			Email Address: hmiller@millerlegalpc.com		

**Parties (Respondent)**

Name of Respondent: Trop, Inc d/b/a Pink Pony & Terri Gilardi			Representative's Name (if known): Mr. Dean R. Fuchs		
Address: <b>contact through counsel</b>			Firm (if applicable): SCHULTEN, WARD & TURNER, LLP		
			Representative's Address: 260 Peachtree Street, NW, Suite 2700		
City: Atlanta	State: GA	Zip Code: 30339	City: Atlanta	State: GA	Zip Code: 30303
Phone No.:	Fax No.:		Phone No.: (404) 688-6800	Fax No.: (404) 688-6840	
Email Address:			Email Address:		

Claim: What was/is the employee's annual wage range? ☒ Less than \$100,000 ☐ \$100,000-\$250,000 ☐ Over \$250,000  
Note: This question is required by California law.

Amount of Claim: an amount no less than \$10,000 to be determined  
Claim involves: ☒ Statutorily Protected Rights ☐ Non-Statutorily Protected Rights

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Neutral: Please describe the qualifications for arbitrator(s) to hear this dispute:

**Georgia attorney with experience hearing FLSA exotic dancer minimum wage claims**

Hearing: Estimated time needed for hearings overall: \_\_\_\_\_ hours or 2 days \_\_\_\_\_ days

Hearing Locale: Atlanta, Georgia ☒ Requested by Claimant ☐ Locale provision included in the contract

Filing Fee: ☒ Employer-Promulgated Plan fee requirement or \$200 (max amount per AAA rules )  
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Signature (may be signed by a representative):  
/s/ Harlan S. Miller, III

Date: 5/31/16

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**Parties (Claimant)**

Name of Claimant: Ms. Zoe Walker			Representative's Name (if known): Harlan Miller, III		
Address: <b>Contact through counsel only</b>			Firm (if applicable): Miller Legal, P.C.		
			Representative's Address: 3646 Vineville Ave		
City:	State:	Zip Code:	City: Macon	State: GA	Zip Code: 31204
Phone No.: 404-931-6490	Fax No.:		Phone No.: 404-931-6490	Fax No.: 404-393-0424	
Email Address: hmiller@millerlegalpc.com			Email Address: hmiller@millerlegalpc.com		

**Parties (Respondent)**

Name of Respondent: Trop, Inc d/b/a Pink Pony & Terri Gilardi			Representative's Name (if known): Mr. Dean R. Fuchs		
Address: <b>contact through counsel</b>			Firm (if applicable): SCHULTEN, WARD & TURNER, LLP		
			Representative's Address: 260 Peachtree Street, NW, Suite 2700		
City: Atlanta	State: GA	Zip Code: 30339	City: Atlanta	State: GA	Zip Code: 30303
Phone No.:	Fax No.:		Phone No.: (404) 688-6800	Fax No.: (404) 688-6840	
Email Address:			Email Address:		

Claim: What was/is the employee's annual wage range? ☒ Less than \$100,000 ☐ \$100,000-\$250,000 ☐ Over \$250,000  
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Claim involves: ☒ Statutorily Protected Rights ☐ Non-Statutorily Protected Rights

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Neutral: Please describe the qualifications for arbitrator(s) to hear this dispute:

**Georgia attorney with experience hearing FLSA exotic dancer minimum wage claims**

Hearing: Estimated time needed for hearings overall: \_\_\_\_\_ hours or 2 days \_\_\_\_\_ days

Hearing Locale: Atlanta, Georgia ☒ Requested by Claimant ☐ Locale provision included in the contract

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Amount Tendered: Zero - Arbitration Agreement states Employer pays administrative costs

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Signature (may be signed by a representative):

/s/ Harlan S. Miller, III

Date: 5/13/16

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